



RENEWAL NOTIFICATION LETTER - ADOPTION ASSISTANCE PROGRAM (AAP)

State Form 47699 (R2 / 12-05) / CW 3312

RE: _____
Adoptive name of child(ren)

ICWIS adoption number

Dear _____,

We are writing in reference to the TITLE IV-E Adoption Assistance you are currently receiving for your eligible adoptive child(ren).

You are hereby notified that your current IVE-AAP Agreement must be renewed by _____, 20_____. *(All IV-E Adoption Assistance Agreements must be renewed on a biennial basis.)* Attached please find an original and three (3) copies of your Adoption Assistance Renewal Agreement. Please carefully read this agreement and sign all four (4) copies. Retain the top copy for your records, and return the other three (3) copies to the local Department of Child Services office, _____, Indiana _____.

Please return your Adoption Renewal Agreement by _____, 20 _____ in order to enable you and your adoptive child(ren) to continue to receive your Adoption Assistance payments and medical and social services benefits in a timely manner.

If you have any questions or need assistance, please contact _____ at (_____) _____ - _____.

Signature of director

Attachments